



Request for Proposals (RFP) – Addendum

EXCHANGE RFP- HEALTHCARE REFORM PROJECT PMO

Maryland Health Benefit Exchange (Exchange)

SOLICITATION NO. EXCHANGE – (DHMSO303291)

Issue Date: December 9, 2011

NOTICE

Prospective Offerors who have received this document from the Exchange's web site or eMarylandMarketplace.com, or who have received this document from a source other than the Procurement Officer, and who wish to assure receipt of any changes or additional materials related to this RFP, should immediately contact the Procurement Officer and provide their name and mailing address so that addenda to the RFP or other communications can be sent to them.



ADDENDUM - SOLICITATION # DHMSO303291 – MULTIPLE CHANGES

Please be advised of the following additions and amendments to solicitation # DHMSO303291 concerning the procurement of PMO services to support the Maryland Health Benefits Exchange:

General Intent: The Maryland Health Benefits Exchange (the Exchange) seeks to staff a project management office that will serve a variety of pre-defined and as-needed management, planning, and oversight functions related to developing the technical and operational capabilities required to achieve CMS certification for the Exchange and to support future Exchange operations. Within the RFP, the Scope of Work section (2A), the Exchange PMO Tasks section (2B), and the Deliverables section (2C) indicate the breadth and type of work that will be required from all contractors brought on to be part of the PMO. The Exchange reserves the right to make multiple awards where we will select the individuals best suited to help us achieve our mission. As such, we will not require awardees to provide the Exchange with any proprietary processes, tools, and techniques, nor do we request that offerors develop fixed-price bids by task for their cost proposals. Offerors should simply provide bids for each resource clearly indicating a fully-loaded rate for each individual for each contract period plus a fixed price amount by individual using 2000 hours per year, which will serve as a not-to-exceed payment amount for that individual for the period. The contract periods include a base period of 18 months and two 6 month optional extensions.

Oral Presentations: The Exchange may request that offerors attend an oral presentation with their key personnel on either December 20th or 21st. The Exchange will schedule a time and location for the oral presentations with selected offeror representatives on December 19th.

Amendments:

- 1) Any contract award resulting from this solicitation will be an indefinite quantity contract for labor to be provided at fixed unit prices.
- 2) The contract monitor for this solicitation is changed to Kevin Yang, whose information is as follows:

Kevin Yang
CIO, Maryland Health Benefit Exchange
201 West Preston Street
4th Floor
Baltimore, MD 21201-2301
Phone Number: 410-767-4869
Email: OITProcurements@dhhm.state.md.us

- 3) The technical proposal inclusive of resumes is limited to 40 pages.
- 4) Filling out attachment E-1 is not required given that there is no minority participation goal for this solicitation.
- 5) A revised pricing template is attached to this addendum.



PRICE PROPOSAL – EXCHANGE PMO SUPPORT STAFF

Solicitation Number: DHMSO303291

18 Month Base Period: January 2012 – June 2013

Name of Proposed Individual	Proposed Labor Category	Hourly Labor Rate	Maximum Hours for Contract Period	Fixed Price total for Contract Period*
1.		\$	3000	\$
2.		\$	3000	\$
3.		\$	3000	\$
4.		\$	3000	\$
5.		\$	3000	\$
6.		\$	3000	\$
7.		\$	3000	\$
8.		\$	3000	\$
9.		\$	3000	\$
10.		\$	3000	\$
11.		\$	3000	\$
TOTAL				\$

Authorized Individual Name

Company Name

Title

Company Tax ID #

* The Department does not guarantee any maximum or minimum number of hours to be provided but the contract shall establish a not to exceed contract amount.



6 Month Option Period 1: July 2013 – December 2013

Name of Proposed Individual	Proposed Labor Category	Hourly Labor Rate	Maximum Hours for Contract Period	Fixed Price total for Contract Period*
1.		\$	1000	\$
2.		\$	1000	\$
3.		\$	1000	\$
4.		\$	1000	\$
5.		\$	1000	\$
6.		\$	1000	\$
7.		\$	1000	\$
8.		\$	1000	\$
9.		\$	1000	\$
10.		\$	1000	\$
11.		\$	1000	\$
TOTAL				\$

Authorized Individual Name

Company Name

Title

Company Tax ID #

* The Department does not guarantee any maximum or minimum number of hours to be provided but the contract shall establish a not to exceed contract amount.



6 Month Option Period 2: January 2014 – June 2014

Name of Proposed Individual	Proposed Labor Category	Hourly Labor Rate	Maximum Hours for Contract Period	Fixed Price total for Contract Period*
1.		\$	1000	\$
2.		\$	1000	\$
3.		\$	1000	\$
4.		\$	1000	\$
5.		\$	1000	\$
6.		\$	1000	\$
7.		\$	1000	\$
8.		\$	1000	\$
9.		\$	1000	\$
10.		\$	1000	\$
11.		\$	1000	\$
TOTAL				\$

Authorized Individual Name

Company Name

Title

Company Tax ID #

* The Department does not guarantee any maximum or minimum number of hours to be provided but the contract shall establish a not to exceed contract amount.